



The kind of service others only promise.

P.O. Box 277 • Zeeland, MI 49464
(616) 748-1955
FAX: (616) 748-1958

March 14, 2013

William Browne
Valley Township
2054 N M-40
Allegan, MI 49010

Dear Mr. Browne,

Arrowaste, Inc. would like to thank Valley Township for the opportunity to bid on the Refuse and Recycle Collection and Disposal. Arrowaste is a local, family owned company offering a full range of trash removal and recycling services since 1999. We take great pride in our customer focused attitude while providing safe, professional, and timely services. Arrowaste has been providing a full range of refuse removal and recycling for Industrial, Commercial, and Residential customers for the last 14 years. Our service area includes the counties of Allegan, Ottawa, Kent, and Muskegon.

As requested, we have put together pricing, along with an explanation of services, for the services identified in the RFP for Refuse and Recyclable Materials Collection and Disposal Service for Valley Township. In order to simplify it, we have broken it down into three categories: Refuse Collection, Recycle Program, and Yard Waste Collection.

Refuse Collection

Arrowaste will offer weekly trash service with a 96gal cart or a 65gal cart. Bulk item and appliance pick up are also available with a tag program. Regarding the bulk item and appliance tags, Arrowaste will sell tags to Valley Township for resale at the Township Hall. We will discount the cost of these tags so the Township can recover some of the administration costs of selling them. For example, we will sell the appliance tags to the Township for \$19.00 each and be sold to the resident for \$20.00.

The cost of our refuse collection services is as follows:

Refuse with Recycle Option #1	
96gal cart for garbage (includes weekly recycling service)	\$14.91 per month
64gal cart for garbage (includes weekly recycling service)	\$14.16 per month
Refuse with Recycle Option #2	
96gal cart for garbage (includes weekly recycling service)	\$14.07 per month
64gal cart for garbage (includes weekly recycling service)	\$13.32 per month

Bulky Items/Appliance Service

- Tag Services for Bulky items and appliances are \$20.00 per sticker (\$19.00 for vendor)
 - *Bulky items and appliances **without** Freon will be collected weekly as long as the item is tagged with our bulky item sticker. Appliances with Freon may also be collected with one of our bulky item stickers as long as there is evidence the Freon was removed and contained by an approved contractor.

Recycling Program (ARROWCYCLE)

Explanation of our Recycle Material pick up

Arrowwaste offers an unlimited weekly single stream recycling program, called Arrowcycle, which is included in the 96gal and 64gal garbage cart price. This program is set up so all recycle material (all bottles, cans, papers, and cardboard, etc.) can be mixed together in a recycle container. We will offer 2 different recycle collection options. The Township will choose one option for all their residents.

Recycle Option #1 - Recycle picked up at the same time and with one truck as specified in RFP.

Arrowwaste will pick up the trash and recycling at the same time and with one truck. The truck we use will have a compaction body where the trash will go, and separate compartment on the truck where all the recycle material will be kept clean and separate. We will give every resident interested in recycling an 18gal recycle bin. One additional bin will also be offered for no additional charge.

Recycle Option #2 - Recycle picked up with a separate Recycle Truck.

We also wanted to include in our bid an option to use one truck for trash and 1 truck for recycling. We understand that collecting them with the same truck may reduce some of the trucks going down the road, but we feel this system may have some advantages to the resident. The truck we will use to collect the recycling will be small and lighter, about half the size of a full size garbage truck and with a similar vehicle weight rating to a UPS truck. With a smaller size truck and only collecting light recycle material, it will cause little wear and tear on the roads. **ALL** recycle material will not be contaminated by mixing it with trash and **ALL** recycle material will go to the recycle center as intended by the resident. We can also gauge the volume of recycle material we collect very accurately because it is collected separately.

With Option #2 we can offer different ways of collecting recycle materials. We have found through our many years of experience that recycling participation levels and volume goes up when a homeowner has options as to how they package their recycling material for pick up. Since we switched from collecting Recycle in Bags to collecting Recycle loose in large cans we have seen an increase in recycle volume of 60%. We are suggesting to allow each resident to choose one of the following options.

- a. 18gal recycle bin – We are prepared to give every resident that wants to recycle an 18gal recycle bin. We will give a second bin upon request for no additional charge.
- b. Residents can use their own container of choice. We have found this option to be very popular amongst our subscription customers. If the resident wants to use a different container that has wheels, a locking lid, or that just fits better in their garage, they

would have the option of using anything from a small storage bin up to a 45gal trash can. Arrowwaste will supply "ARROWCYCLE" stickers to any residents using their own container to signify that their bin is being used for recycle.

- c. Recycle Cart Rental - Heavy recyclers will have an option of renting a large recycle cart from us for an additional \$2.16 per month in order to have more capacity, ease of use, and maximize space. In some of our service areas, residents that use these recycle carts boast to us about how easy it is to use and that they have found they are recycling more than ever before and using a smaller size trash cart.

Yard Waste Collection

Weekly Yard Waste services will be optional. Services will be offered starting April 1st to November 30th and residents will have an option of either using a 96gal cart or using biodegradable paper yard waste bags with stickers.

- 1. 96gal Yard Waste Cart \$104.00 per season
- 2. Yard Waste bag stickers (bags not included) \$1.95 per sticker (\$1.90 for vendor)

*We propose that the residents fill their own biodegradable paper bags with Yard Waste and put a Yard Waste sticker on each bag for collection. We believe that the sale of Yard Waste stickers is easier for everyone. We are concerned about the amount of storage space and shelf space needed at the Township Hall to adequately store the amount of bags needed. Just like the bulk item/appliance stickers, the Yard Waste stickers will be sold to the City for \$1.90 each, which in turn will be sold to the resident for \$1.95 per sticker.

Senior Citizen Discount

Residents over the age of 55 will receive a 5% discount on all services. It will be the responsibility of the resident to notify us that they qualify for this discount and to provide proof of age.

Seasonal Service

Starting or Stopping Service – Residents can start or stop their service for no additional fee provided that the period of interrupted service is thirty (30) days or more and provided that service to the residence is received for not less than three (3) consecutive months in each calendar year.

Seasonal Service Rate – Residents can elect Seasonal Service for part time residents. This service could be elected for 6months.

Household Hazardous Waste (HHW)

To address the option of Bag Service for Hazardous Waste, we cannot offer a curbside bag collection for Household Hazardous Waste. Arrowwaste proposes a Saturday Clean up day at the Township Hall

every other year. If this program is selected Arrowaste would increase the monthly charges an additional \$0.29 per month, per resident. That additional cost will be collected to pay for a HHW Cleanup day at the Township Hall.

Recycle Rebate

A Recycle Rebate will be paid to the Township based on the amount of homes participating in the recycle program. We will rebate back to the Township \$0.20 per home, per month for each participant. This way we can partner with the Township to encourage more people to recycle. The more recycling customers we service the more the township can get for a rebate. This rebate can be used to offer additional services to the Residents of Valley Townships such as Spring Cleanups or E-waste collection.

Spring Cleanup

Arrowaste will also offer to the Township spring cleanup dumpsters for the Township or their residents use. We will provide these dumpsters for no charge or a charge to be determined later based on the amount of dumpsters requested.

Fuel Adjustment

The prices quoted are based on fuel price per gallon under \$4.80 per gallon. If the price per gallon is between \$4.80 and \$5.00 per gallon we will add \$0.20 per month to each bill. As the price of diesel rises in \$0.20 increments, the adjustment will also rise in \$0.20 increments. We will determine the price per gallon from the Midwest average of diesel fuel reported the week before we bill by the Energy Information Administration of the U.S. Department of Energy ("EIA/DOE") in its Weekly Retail On-Highway Diesel Prices Index. If a fuel adjustment is added there will be a separate line item on each bill saying "Fuel Adjustment."

Arrowaste Company Information

Officers

Jennifer Harris, Kyle Yonker, and Chad Yonker

Equipment

Arrowaste owns all our collection vehicles and maintains them all with 3 full time mechanics. We have a large fleet to service the entire township as requested.

- 3- Utility/Pickup Trucks to deliver carts or misc services; 1998, 2003, and 2006
- 4- Rear load packer trucks; 2005, 2006, 2011, and 2014

- 1- Side load automated packer truck; 2008
- 3- Front load packer trucks with an automated bucket; 2006, 2007, and 2010
- 8- Front load packer trucks; 2003, 2004, 2004, 2006, 2007, 2012, 2013, and 2014
- 5- Roll-off trucks; 1999, 1999, 1999, 2000, and 2013

Employees

We currently have 32 full time employees and 1 part time employee.

Current Municipal and HOA Customers

Holland Township - We facilitate a trash, recycle, e-waste, and yard waste cleanup for all township residents 6 times a year. We also facilitate a leaf clean up for all township residents 5 times during the fall. Holland Township has about 35,000 residents. Don Komejan (616) 396-2345

Park Township - We facilitate a leaf clean up for all township residents 5 times during the fall. Park Township has about 20,000 residents. Jerry Felix (616) 399-8540

Olive Township - We facilitate a Spring trash and recycle cleanup once a year for all township residents. Olive Township has about 5,000 residents. Todd Wolters (616) 786-9996

City of Zeeland - We supply dumpsters in the downtown area for all commercial business. Abby deRoo (616) 772-6400

Baileys Grove Subdivision - We service 680 homes for Trash, Recycle, and Yard Waste all on one day.

Sun Communities - We service 11 Mobile Home communities throughout West Michigan with a total of 3,000 units served.

Summary of Collection Charges

Service	Cost	Measure
96gal Cart Service (includes recycle option #1)	\$14.91	per month
64gal Cart Service (includes recycle option #1)	\$14.16	per month
96gal Cart Service (includes recycle option #2)	\$14.07	per month
64gal Cart Service (includes recycle option #2)	\$13.32	per month
Bulky items sticker	\$20.00	per sticker
96gal Yard Waste Service	\$104.00	per season
Yard Waste stickers	\$1.95	per sticker

I have reviewed all requested services and bidding stipulations and we have the ability to perform the work as offered. We have bid a variety of services and options for your residents, so questions or further detail may be necessary, I would be happy to meet with the Township to talk about any questions or options in our proposal. We would also be willing to renegotiate any and all items based on the findings of this RFP request.

Sincerely,

A handwritten signature in black ink that reads "Russ Boersma". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Russ Boersma

Arrowaste, Inc.

(616) 748-1955

rboersma@arrowaste.com



CERTIFICATE OF LIABILITY INSURANCE

HOMEW-1

OP ID: DE

DATE (MM/DD/YYYY)

02/27/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RBN & Associates, Inc. 303 East Wacker Dr Suite 1130 Chicago, IL 60601 Ron Cowell	Phone: 312-856-9400 Fax: 312-856-9425	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Arrowaste, Inc. PO Box 277 Zeeland, MI 49464	INSURER A : Lexington Insurance Company		19437
	INSURER B : Hartford Fire Insurance Co.		19682
	INSURER C : Hartford Ins Co of the Midwest		37478
	INSURER D : Interstate Fire & Casualty		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		EG66841367	09/01/2012	09/01/2013	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 25,000
						PERSONAL & ADV INJURY \$ 2,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPI/OP AGG \$ 2,000,000
						Pollution \$ 2,000,000
B	AUTOMOBILE LIABILITY		83CSES11201	09/01/2012	09/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PFX 000-3199-6358	09/01/2012	09/01/2013	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		83WNS11200	09/01/2012	09/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE Sample	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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NOTEPAD

INSURED'S NAME **Arrowaste, Inc.**

HOMEW-1
OP ID: DE

PAGE 2
DATE **02/27/13**

NAMED INSURED INCLUDES: Arrowaste, Inc.; DBA: Priority Arrowaste,
Progressive Waste and Priority Waste - Active in MI & IN

SAMPLE



HUB International Midwest Limited

601 Oakmont Lane
Suite 400
Westmont, IL 60559
Telephone 630 468-5600

www.hubinternational.com

March 4, 2013

Valley Township
2054 North M40
Allegan, MI 49010

Re: Arrowaste, Inc. – Bondability Letter

To Whom It May Concern:

Hub International Midwest Limited along with Hanover Insurance Company has had an established Bond Program in place for Arrowaste, Inc. since 2012. Our pre-approved bonding line was established to satisfy the day-to-day bonding needs of Arrowaste, Inc. with an aggregate Bonding capacity of \$5MM.

We consider our relationship with Arrowaste, Inc. to be exemplary and we offer our highest recommendation to you on their behalf. We look forward to continuing our relationship with Arrowaste, Inc. for many years to come. If you should have any questions, please do not hesitate to call me directly at 630.468.5626 or via email at marybeth.peterson@hubinternational.com

Sincerely,

A handwritten signature in cursive script that reads "Mary Beth Peterson".

Mary Beth Peterson
Senior Account Manager/Surety



Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
36	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)	(N)	(O)	(P)
(1) Injuries	2	0	0	0
(2) Skin disorders	0	0	0	0
(3) Respiratory conditions	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information	
Your establishment name	Arrowaste Inc.
Street	PO Box 277
City	Zealand
State	MI
Zip	49464
Industry description	
Standard Industrial Classification (SIC)	4212
Employment information	
Annual average number of employees	37
Total hours worked by all employees last year	84733
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete	
<i>[Signature]</i>	Secretary
Company Executive	Title
708-798-1004	01-29-2013
Phone	Date

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

2011
U.S. Department of Labor
Occupational Safety and Health Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.
Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) 0	(H) 0	(I) 0	(J) 1

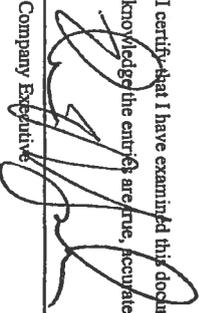
Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
(K) 0	(L) 0

Injury and Illness Types

Total number of...	(1) Injuries	(4) Poisonings	(5) All other illnesses
(M)	1	0	0
(2) Skin disorders	0	0	0
(3) Respiratory conditions	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information	
Your establishment name	Arrowwaste, Inc.
Street	PO Box 277
City	Zeeland
State	MI
Zip	49464
Industry description	
Standard Industrial Classification (SIC)	4212
Employment information	
Annual average number of employees	42
Total hours worked by all employees last year	84894
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete	
	Resident
Company Executive	Title
Phone	Date
708-798-1004	01/26/2012

OSHA's Form 300A

2010



U.S. Department of Labor
Occupational Safety and Health Administration

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	1	1
(G)	(H)	(I)	(J)

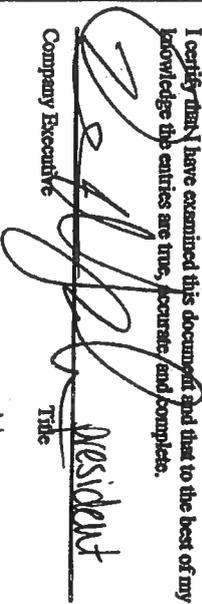
Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
74	0
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) All other illnesses
(M)	2	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information	
Your establishment name	Arrowaste Inc.
Street	PO Box 277
City	Zeeland
State	MI
Zip	49464
Industry description	
Standard Industrial Classification (SIC)	4212
Employment information	
Annual average number of employees	41
Total hours worked by all employees last year	78971
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Company Executive	
Title	President
Phone	708-798-1004
Date	1/28/2011

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

2009
 U.S. Department of Labor
 Occupational Safety and Health
 Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases
 Total number of deaths _____ Total number of cases with days away from work _____ Total number of cases with job transfer or restrictions _____ Total number of other recordable cases _____

0 _____ 0 _____ 0 _____ 2 _____

(G) _____ (H) _____ (I) _____ (J) _____

Number of Days
 Total number of days away from work _____ Total number of days of job transfer or restriction _____

0 _____ 0 _____

(K) _____ (L) _____

Injury and Illness Types

Total Number of...

(M) _____
 (1) Injuries _____ 2 _____ (4) Poisonings _____ 0 _____
 (2) Skin disorders _____ 0 _____ (5) Hearing loss _____ 0 _____
 (3) Respiratory conditions _____ 0 _____ (6) All other illnesses _____ 0 _____

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate of burden, including suggestions for reducing this burden, write to the Office of Management and Budget, Paperwork Project Director (0304-0188), Washington, DC 20503. Do not send the completed forms to this office.

Establishment Information	
Your establishment name	Arrowwaste Inc.
Street	PO Box 277
City	Zeeland
State	MI
Zip	49464
Industry description (e.g., <i>Manufacture of motor truck trailers</i>)	
Local trucking without storage	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
4212	
Or	
North American Industrial Classification (NAICS), if known (e.g., 336212)	
Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)	
Annual average number of employees	31
Total hours worked by all employees last year	72,805
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Company executive	President
Title	
Phone	708-798-1004
Date	1/29/2010

Summary of Work-Related Injuries and Illnesses

2008
U.S. Department of Labor
Occupational Safety and Health
Administration

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".
Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases
Total number of deaths Total number of cases with days away from work Total number of cases with job transfer or restrictions Total number of other recordable cases

0 0 1 1
(G) (H) (I) (J)

Number of Days
Total number of days away from work Total number of days of job transfer or restriction

0 37
(K) (L)

Injury and Illness Types
Total Number of...

(M) Injuries 2 (4) Poisonings 0
(2) Skin disorders 0 (5) Hearing loss 0
(3) Respiratory conditions 0 (6) All other illnesses 0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any other aspects of this collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information	
Your establishment name	Arrowwaste Inc.
Street	PO Box 277
City	Zeeland State MI Zip 49464
Industry description (e.g. <i>Manufacture of motor truck trailers</i>)	
Local trucking without storage	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
4212	
Or	
North American Industrial Classification (NAICS), if known (e.g., 336212)	
Employment information (If you don't have these figures, see the <i>ForSheet</i> on the back of this page to estimate.)	
Annual average number of employees	36
Total hours worked by all employees last year	63,370
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Company executive	
Title	President
Phone	(708) 798-1004
Date	1/30/09